### **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

P.O. Box 12070

### FORM C/OH COVER SHEET PG 1

OAIIII AIC	MATTINATION INC.		——————————————————————————————————————	
The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDEF NAME	MR. JAMES  NICKNAME LAST  TO LICE CLEET	SUFFIX	Date Received	
4 CANDIDATE /	21	CTATE: ZID CODE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2101 FRANKFORT	STATE; ZIP CODE	Date Hand-delivered or Postmarked	
change of address	EL PASO, TX 79930		Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (9/5) 525 - 7364	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST SANDE	A.	Date Imaged	
	NICKNAME LAST HUTCHINS	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  4933 FIGURBANGS,	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 257-9399	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year OH/11/13 THROUGH	Month Day 0.5 / 0.2/	Year 2013	
11 ELECTION	ELECTION DATE STATE STAT	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	N/A	DISTRICT	2	
GO TO PAGE 2				

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	14 C/OH NAME  JAMES N. TOLBEIGT  15 ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 1, 825.00				
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$		
្ត លោក អា អា អា អា ស ស ស ស ស <b>រ</b>	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,116,44		
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST RTING PERIOD	\$5,116,44 DAY \$2,318.73		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  JUSTIN R. ONEY MY COMMISSION EXPIRES April 8, 2014  Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said					
polo	JUSTIN R. ONEY NOTARY				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A					
The	Instruction Guide explains how to complete this	form.	1 Total pages School	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
JAN	1EB A TOLBERT				
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4/16/13	6 Contributor address; City; State; Zip Code 2233 NORTH FIRST 1 UPLAND, CA 91784	HE.	8/000.00		
0 5-1-1		10 Employer (See I		of Texas, complete Schedule T)	
The state of the s	eation / Job title (See Instructions)	NA			
Date	Full name of contributor  ut-of-state PAC (ID#_		Amount of	In-kind contribution description (if applicable)	
141	RAFAEL A ADAME, 3	TR.	contribution (\$)	description (ii applicable)	
7/16/2	CATAEL A ADAME, Contributor address; City; State; Zip Code 764 DANILA CT.		\$ 50.00		
1713			500.00		
	EL PASO, TX 79922	I	Land of the land o	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	MEXUS CO.	Instructions) MMUUICA	Tronsle	
Date	Full name of contributor  ut-of-state PAC (ID#_		Amount of	In-kind contribution	
4/11/13	FRANCES E KRAMER Contributor address; City; State; Zip Code 2531 FRANK FORT ELPASO, TR 79930	AUE	contribution (\$)	description (if applicable)	
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)		
	RSE	UNIVERSIT	Y MEDICA	4 CENTER	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/16/13	MARSHALL CARTER - 7 Contributor address; City; State; Zip Code 79 KINGERY DRUE	PAPP	\$50 00	<u> </u>	
	EL PASO, TX 79902		(If travel outside	of Texas, complete Schedule T)	
	eation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/22/13	WILTON C. NICHOLS Contributor address; City; State; Zip Code 3130 LOUIS VILLE AVEA	vuE	\$ 25-00		
	EL PASO, TX 79930		(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	A CONTRACTOR OF THE PROPERTY O				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

ex	as Ethics Comr	nission	P.O. Box 12070	Austin, Texa	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	POLITIC	CAL CO	NTRIBUTIO		IS		SCHEDULE A
	The	Instruction G	uide explains how to	complete this	form.	1 Total pages Sche	A:
2	FILER NAME	2 WILL	T0. 00.15			3 ACCOUNT # (Et	hics Commission Filers)
4	Date	5 Full name	TOLBERT	t-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	4/25/13	6 Contribute 443	EUIENE E or address; City; Si I MOBILE PASO TX	tate; Zip Code  AVE.	018	100 06	of Texas, complete Schedule T)
9	Principal occup		e (See Instructions)	11150	10 Employer (See I		, John J. Company
_	Date	Full name	e of contributor 🔲 🔾	ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contribut	or address; City; S	tate; Zip Code	жаншы ккопбо	4	
						(If travel outside of	of Texas, complete Schedule T)
	Principal occup	oation / Job tit	e (See Instructions)		Employer (See I	nstructions)	
	Date	Full name	e of contributor 🔲 o	out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contribut	or address; City; S	state; Zip Code	មេសាសស្ត្រប្រជា ប្រ	(If travel outside	       of Texas, complete Schedule T)
	Principal occup	pation / Job tit	le (See Instructions)		Employer (See	Instructions)	
	Date	Full name	e of contributor 🔲 o	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contribut	or address; City; S	State; Zip Code	986 to N N N N N N N N N N N N N N N N N N		
							of Texas, complete Schedule T)
	Principal occup	pation / Job tit	le (See Instructions)		Employer (See	instructions)	
	Date	Full nam	e of contributor 🔲 o	out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contribu	tor address; City; S	State; Zip Code	( ) # # # # # (10) \ 1 # # # •		
	Principal occup	pation / Job til	de (See Instructions)		Employer (See		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.						

P.O. Box 12070

PLEDGED (	CONTRIBUTIONS			SCHEDULE B
The Instruct	on Guide explains how to compl	ete this form.	1 Total pages Sche	
2 FILER NAME JAMES	H-TOLBER	/	3 ACCOUNT # (Et	hics Commission Filers)
4 TOTAL OF U	NITEMIZED PLEDGES:	D         D         D         D	↔ ↔	\$
5 Date 6 Full	name of pledgor  ut-of-state PAG	C (ID#:)	8 Amount of pledge (\$)	In-kind description (if applicable)
7 Plec	lgor address; City; State; Zi		(If travel outside o	f Texas, complete Schedule T)
10 Principal occupation / Jo	ob title (See Instructions)	11 Employer (See I		
Date Full	name of pledgor out-of-state PAC	C (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
Pleo	gor address; City; State; Zi	Gode	j I I	
		/		f Texas, complete Schedule T)
Principal occupation / Jo	bb title (See Instructions)	Employer (See II	nstructions)	
	name of pledgor out-of-state PAC gor address; City; State; Zi		Amount of pledge (\$)	In-kind description (if applicable)
			(6)	
Principal occupation / Jo	bb title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	name of pledgor out-of-state PAC		Amount of pledge (\$)	In-kind description (if applicable)
7	go. add. 550,	,	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Jo	b title (See Instructions)	Employer (See I	nstructions)	
Date Full r	name of pledgor	: (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
Plede	gor address; City; State; Zip	o Code	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Jo	b title (See Instructions)	Employer (See In	-	TOTALS, COMPLETE SCHEDULE 1)
If contributo	ATTACH ADDITIONAL COIr is out-of-state PAC, please see			equirements.

Texas	Ethic	s Com	mission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

LOANS				SCHEDULE E	
The	Instruction Guide explains how to comple	ete this form.		ges Schedule E:	
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)	
	S H. TOLBERT				
TOTA	L OF UNITEMIZED LOANS: ⇔		⇒	\$	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#/	)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; State; Zi	ip Code	8 8 8 7 7	10 Interest rate	
YN				11 Maturity date	
12 Principal occupati	on / Job title (See Instructions)	18 Employer (See Instructions)			
14 Description of Coll	ateral	5 Check if personal funds were	deposited	into political account	
none		) 🗗			
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City, Sta	ate; Zip Code	F 28 28 28 28		
<b>20</b> Principal Occupati	on (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	out-of-state PAC (ID#		Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City; State; Zij	p Code		Interest rate	
Y N				Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	teral	Check if personal funds were o	deposited i	nto political account	
none					
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City; State; Zip Code				
Principal Occupation	Principal Occupation (See Instructions)  Employer (See Instructions)				
If lend	ATTACH ADDITIONAL COPIES er is out-of-state PAC, please see instruc			uirements.	

### **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

	EXPENDITURE CATEGORIES	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra	
Consulting Expense	Food/Beverage Expense Travel In District	ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist	
Fees	Printing Expense Office Overhead/R	
	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Data	JAMES H. TOLBERT	
4 Date	5 Payee name	
7/18/13	7 Payee address; City; State; Zip Code	
6 Amount (\$)	7 Payee address; City; State; Zip Code	C. Dres TO AGGOS
354.52	3500 N. MESA #C	2C 177 80 12 17902
221.24		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	PRINTING EXPENSE	PUSH CAMAS I Apris
	Candidate / Officeholder name	Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office field
	T	
Date	Payee name	
4/12/13	KWIK KOPY	
Amount (\$)	Payee address; City; State; Zip Code	
8161.07	3500 NIMESA #C,	, EL PASO, TX 7990 x
161.00	,	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	DAINTING SUDINGS	Dusu cons
EXPENDITURE	PRINTING EXPENSE	PUSH CARDS
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
oxportations to portati Gre		
Date	Payee name	
4/8/13	HAH DINERO TREE, IN	JC.
Amount (\$)	Payee address; City; State; Zip Code	
821602 70	9431 CARNEGIE AVE.	
2,403.54	EL PASO, TX 789 25	
BUDDOOF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	1	
EXPENDITURE	PRINTING EXPENSE	MALL PRICESSING, POSTAGE
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	H 	
Date	Payee name	
4/22/13	TWO TON CREATIVITY	
Amount (\$)	Payee address; City; State; Zip Code	
1 20 06	COMO LINDA AVENILE	
4500	61 Page 78 96622	
	U 1180, 1x 1775	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	PRINTING EXPENSE	MAILER DESIGN
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	ЭН	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

(512) 463-5800

### **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

	EXPENDITURE (	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repart Solicitation/Fundraising Expense Transportat Contribution  Food/Beverage Expense Travel In District Contribution  Folling Expense Travel Out Of District Candidates  Food/Beverage Expense Travel Out Of District Candidates  Food/Beverage Expense Travel Out Of District Candidates		ontributions/Donations	ent & Related Expense s Made By der/Political Committee	
	The Instruction Guide	explains how to			
1 Total pages Schedule F:	2 FILER NAME	·		T	thics Commission Filers)
2	JAMES N. TOL	BERT			
4 Date 4/28/13	5 Payee name  COYOTE STRAT  7 Payee address; City; Stat	EGIES			
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
\$ 881.36	ELPASO, TX	19922			
8 PURPOSE	(a) Category (See categories listed at the top of	f this schedule)	(b) Description (If	travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	PRINTING EXPER	320	PUSH C	ARDS	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date .	Payee name				
4/23/13	U.S. POST OFF	321			
Amount (\$)	Payee address; City; State	e; Zip Code			
\$ 816.00	EL PASO, TX				
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, cor	mplete Schedule T)
EXPENDITURE	MAILING EXPENS	32	POSTA	GE FOR	MAILEUS
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; State	e; Zip Code			
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If	travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE					
Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; State	; Zip Code			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If	travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS NE	EEDED	

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
IOF	JAMES N. TOLBERG				
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions					
intended					
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE					
Date	Payee name				
Date	r ayee hame	9.			
Δ		U/			
Amount (\$)	Payee address; City; State; Zip Code	) /			
Reimbursement from					
political contributions intended					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE					
	\				
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions	/				
intended	Cottogogy (Con cottogogica lists and the ten of this cottogogy)	Description (Manufacture of Table 1)			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE					
Date	Payee name				
Date	Payee halle				
	C				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from					
political contributions intended					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE					
LAI ENDITORE					
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED			

### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

### SCHEDULE H

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/f The Instruction Guide explains how to	contract Labor Loa aising Expense Trai Con strict ( Rental Expense OTH	n Repayment/Reimbursement nsportation Equipment & Related Expense stributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule H:	I AMES N. TOLBERT	-	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	/	
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed of the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate Officeholder name	Office sought	Office held
Date	Business dame		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	/el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how	v to complete this form.		
1 Total pages Schedule I	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
16F1	JAMES N. VOLBERT	-		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State Zip Code			
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address: City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:	
2 FILER NAME  JAMES H. TOLBERT  3 ACCOUNT # (Ethics			hics Commission Filers)
4 Date	5 Name of person from whom amount is received	-	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	* * * * * * * * * * * * *	
	Purpose for which amount is received		
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	******	Amount (\$)
	Purpose for which amount is received		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T The Instruction Guide explains how to complete this form. 2 FILER NAME JAMES 3 ACCOUNT # (Ethics Commission Filers) H. TOLBERT 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule D Schedule C Schedule B Schedule F Schedule G Schedule H PAC-E Schedule N COH-UC COH-T PAC-C 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payer Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC COH-T PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED